

To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



Massachusetts Association of Patient Account Management

All Payer's Meeting

September 21, 2006

MassHealth



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MassHealth Updates

New MMIS:

The implementation continues, but additional details, such as system edits, are not yet ready for communication. Additional information will be forthcoming.

MMIS implementation is scheduled for August 2007

National Provider Identifiers (NPI):

MassHealth has begun the process of collecting NPI numbers from providers. Formal directives on the application of NPI with MassHealth, as in a provider bulletin or transmittal letter, will be forthcoming.

****Please be aware that MassHealth, in collaboration with the Massachusetts Hospital Association, recently sent an email to all institutional hospital providers, requesting the reporting of NPI numbers to MassHealth by September 15, 2006.**

Claims Suspended with Error Code 100

Effective for claims processed on or after September 19, 2006, electronic claims with error code 100 (suspect duplicate) will now be suspended for review. This process eliminates the need to rebill on paper and further streamlines the claim submission process.

Coordination of Benefits Agreement (COBA)

Effective September 1, 2006, MassHealth will implement the Coordination of Benefits Agreement (COBA).

Group Health Incorporated (GHI) has been selected by CMS as the national COBC.

- The COBC will cross over to MassHealth both paper and electronic claims for dually eligible members that were submitted to the fiscal intermediary, carrier, or DMERC (durable medical equipment regional carrier).

MassHealth will accept both Medicare paid and denied claims.

- Claims denied by Medicare will now be systematically translated to the appropriate MassHealth-specific claim type, and subsequently appear adjudicated on the corresponding (non-crossover) MassHealth remittance advice.

Please verify that MassHealth has your Medicare provider number(s) on file.

- To avoid delays in payment report any changes in your Medicare provider number(s) to MassHealth Provider Enrollment in a timely manner, and fax any changes to 617-988-8974.

For further information refer to the MassHealth Web site home page. Under "Online Services" click on [Important Information About Medicare/MassHealth Crossover Claims](#).



Provider File Integrity

- Any change in your relationship with MassHealth must be communicated immediately in order to maintain accurate information on your provider file
 - Addresses for: legal entity, doing business as, check and remittance and informational mailing
 - Telephone numbers
 - Licensure and certifications
- All updates must be submitted in writing to:
MassHealth
Attn: Provider Enrollment and Credentialing
PO Box 9118
Hingham, MA 02043
or faxed to 617-988-8974
(Include your MassHealth provider number on all correspondence)

Most Common Denials

103 – Duplicate Claim: The claim submitted is a duplicate of a claim previously paid for the same member, pay to provider number, and service date

Resolution: Post claims timely from your remittance advice. Allow 30-35 days for claims to process

296- Billing Deadline Exceeded: MassHealth allows 90 days from the date of service to submit the initial claim to MassHealth. Claims submitted after 90 days will deny for this error.

Resolution: Providers should follow the procedures to obtain a 90-day waiver as outlined in subchapter five of the provider manual, when applicable.

522 Member Ineligible on Service Date: The member is not eligible for MassHealth for the service date(s) on the claim

Resolution: Verify member eligibility frequently. Check the Virtual Gateway for a pending application. If not, contact the member's local MassHealth Enrollment Center for assistance

Recipient Eligibility Verification System (REVS)

- Using REVS prior to rendering services to members can help you reduce the chances of your claim denying for an eligibility-related or third party liability related error.
- Check your claim status on WebREVS. REVS provides the same accurate, up to date information as the customer service team. WebREVS is faster and easier than calling customer service.

If you have questions e-mail REVS at REVSHelpDesk@eds.com or call REVS at 1.800.462.7738.

REVS Enhancements

Clarifying Senior Buy-In Coverage

REVS offers more detailed information for those members who are eligible under the Senior Buy-In coverage type. The following restrictive messages are now displayed:

- Qualified Medicare Beneficiary (QMB)
- Specified Low Income Medicare Beneficiary (SLMB)
- Qualified Individual (QI)

Clarifying Buy-In Coverage

REVS now displays two additional groups of members as follows:

- Aged Specified Low Income Medicare Beneficiary (SLMB)
- Disabled Specified Low Income Medicare Beneficiary (SLMB)

Additional Enhancements:

- Expanded Name Search Capability
- Hospice Information Displayed

See All Provider Bulletin 154 for more information

Health Care Reform

- Expanding MassHealth Family Assistance benefits to children with income from 200% FPL to 300% FPL (July 1, 2006)
- Restoring optional services for adults that were cut in 2002 and adding Dental benefits to Essential (July 1, 2006); introducing plan for a two-year smoking cessation pilot program (July 1, 2006); creating wellness program tied to reduced cost-sharing if wellness goals met (not ready by July 1, 2006).
 - Dental Services
 - Vision Services
 - Orthotics
 - Acute Inpatient Hospital Administratively Necessary Days
 - Chiropractor Services
 - Prosthetics
 - Certain 24-hour Substance Abuse Treatment Services
- Increasing enrollment caps for adults in MassHealth Family Assistance/HIV; and Essential programs (July 1, 2006 pending approval)
- Eliminated the enrollment cap for the CommonHealth program

www.mass.gov/masshealth

Customer Web Portal (CWP)

- Allows for Web access to documents that were only available by special request to the Publications department
- Offers the capability to complete and submit “Prescription for Transportation” (PT-1) requests online using the MassHealth Web site.

To access these features, you must have a Customer Service Web Account

- 1.Go to www.mass.gov/masshealth
- 2.Click on “Order Provider Publications” in the Online Services box
- 3.Fill out the online form, which has space for you to indicate additional users. Then click send.

Preferred Communication Options

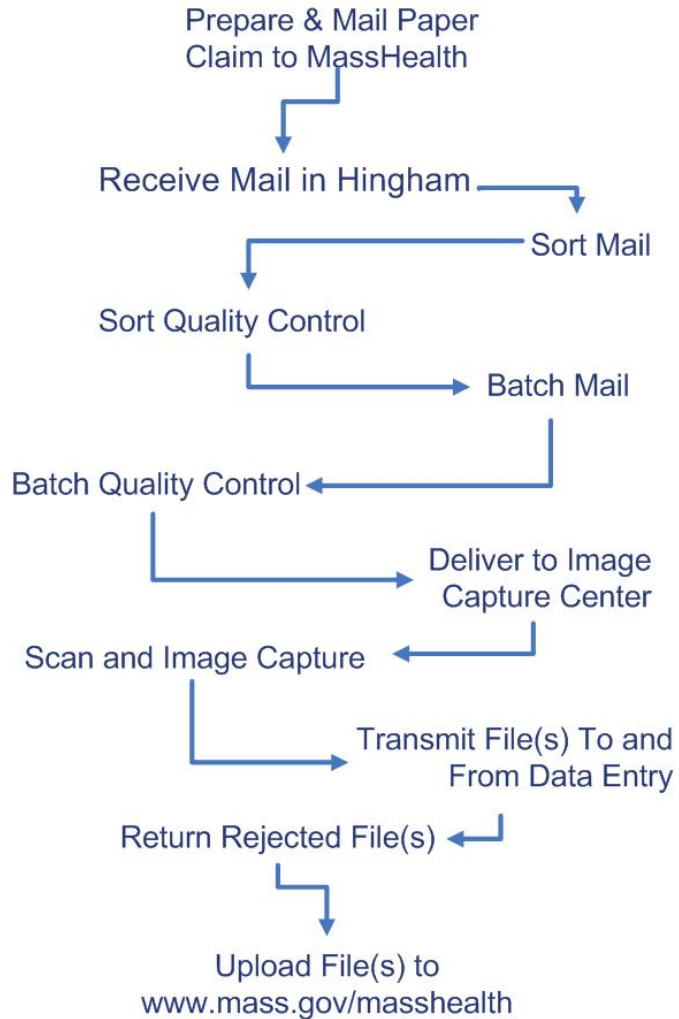
Choose to be notified of new MassHealth publications from one of three methods:

- Email Notification (fastest);
- Postcard Notification (up to 10 days later than email); or
- Paper copy of actual publication (up to 10 days later than email)

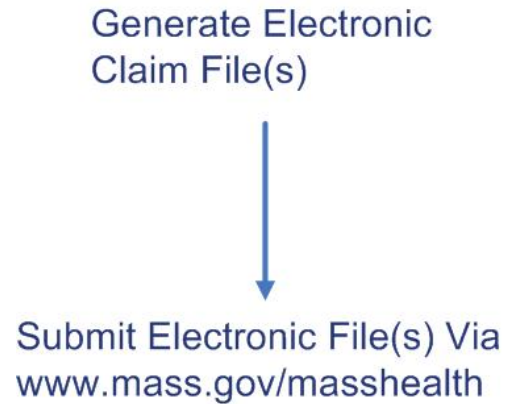
To sign-up, simply go to the MassHealth Web site and in the Online Services box and click on “Provider Preferred Communication Method” link.

Paper Claims vs. EDI

Paper Claims Submission



vs. EDI Claim Submission



EDI & MassHealth

Additional Benefits of Electronic Claim Submission

Void and Replace transaction:

This feature provides the capability to submit an adjustment or a void electronically

Claims Attachment Form (CAF):

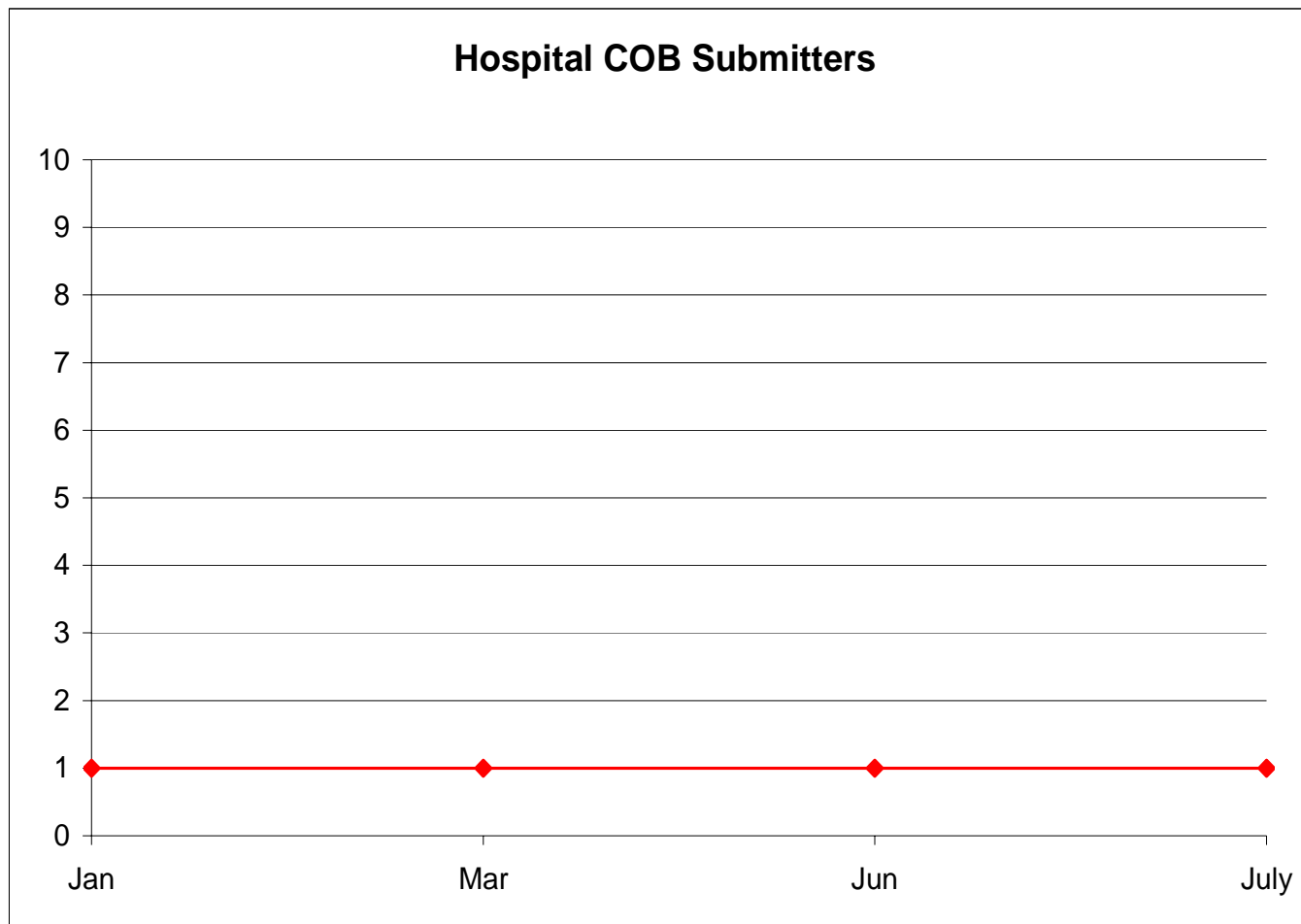
Claims typically requiring an attachment may be submitted electronically; the claim will suspend for review and a CAF will be sent to the provider

Coordination of Benefits (COB):

When you bill COB claims electronically, you do not have to send in a copy of the other insurance's *Explanation of Benefits*, so the billing process is quicker and easier

Please refer to the 837I Companion Guide for additional information

COB Submitters



COB Resources

- **837 Implementation Guide** specifies the required data elements.
 - Available at www.wpc-edi.com/hipaa
- **837I (Institutional) Companion Guide** outlines the required MassHealth-specific data elements for test and production 837I files.
 - The MassHealth **Companion Guides** are available for download from the MassHealth Provider Library, accessible under the “MassHealth Regulations and Other Publications” link on www.mass.gov/masshealth.
- The following are MassHealth billing flyers that offer helpful tips for common issues related to COB billing
 - **How to Correct Error 503**
 - **Third-Party Liability**
 - These flyers are located in the “Billing Tips” section under the MassHealth Customer Service for Providers link on www.mass.gov/masshealth

Contact MassHealth at 1-800-841-2900, option 1 then 4 to begin utilizing coordination of benefits in your practice today!

Recent Publications

- **MassHealth Transmittal Letter ALL-141** August 2006
Revised Appendix Y
- **MassHealth Transmittal Letter ALL-140** August 2006
Revised Appendix C
- **MassHealth Transmittal Letter AOH-9** August 2006
Revised Service Codes and Appendix F
- **MassHealth Transmittal Letter PHY-112** August 2006
Revised Regulations about New Tobacco Cessation Services: Correction
- **MassHealth All Provider Bulletin 157** August 2006
Requesting Non-Emergency Transportation for a Member Online
- **MassHealth All Provider Bulletin 156** August 2006
Downloading and Ordering Forms and Other MassHealth Publications Online
- **MassHealth Transmittal Letter AOH-8/OPD-59/DEN-76** June 2006
Revised Regulations about Tobacco Cessation Services

Recent Publications

- **MassHealth Transmittal Letter AIH-41** **June 2006**
Coverage of Administrative Days for Members Aged 21 Years and Older
- **MassHealth Transmittal Letter DEN-77** **June 2006**
Coverage of Dental Services for Members Aged 21 Years and Older
- **MassHealth All Provider Bulletin 155** **June 2006**
Expansion of Services for Adult MassHealth Members and Tobacco
Cessation Services for Members of All Ages
- **MassHealth All Provider Bulletin 154** **June 2006**
Enhanced REVS capabilities
- **MassHealth All Provider Bulletin 153** **June 2006**
Preferred Communication Method Options
- **MassHealth Dental Bulletin 35** **June 2006**
American Dental Association Claim Form for Paper MassHealth Claims,
Changes to Remittance Advices for Paper Claims and Billing Instructions